



CITY OF LEESVILLE RESIDENTIAL BURN PERMIT

1. Applicant's Name: _____
2. Applicant's Address: _____
3. Address of Burn if different than above: _____.
4. Where will the 3' X 5' burn area be located on the property: _____
_____.
5. Phone Number: _____
6. email: _____
7. Have you had a burn permit in the past? _____.
8. Please briefly describe what you have to burn: _____

9. This Permit is good for (3) Three Days only!

10. I have received, read, and understand the City of Leesville Open Burn Permit - *"Learn Before You Burn in Leesville"* Regulations : Yes _____ No _____
11. I have paid the \$5 Permit Fee on: _____

Signature

Date

PRINTED NAME

****Anyone who duplicates this Permit with intent to change the facts on the face of this document can face prosecution.****
